AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [] IXC [] CLEC [] Wireless

		CERTIFICATED COMPAN	Y INFORMATION
TELECO	n MANAGEMEN	T GROUP, INC.	
Company N		. 0.000, 11-6.	FEIN/OON
UNITEL			430-579-0058
Dba/fka			Telephone #
932	N. WRIGHT S	TREET, SUITE # 10	4
Mailing Add	ress		
	VILLE, IL 60	563	
City, State, 2	•		
932 A	J. WRIGHT S	TREET, SUITE #10	4
Business Lo	cation		
NAPER V	ILLE, IL 603	563	DUPAGE
City, State, Z	ip Code		County
		REGISTERED AGENT IN	FORMATION
		_	
Registered A	gent: NATION,	AL REGISTERED	AGENTS, INC.
Mailing Addre	ess: 2 OFFI	CE PARK COURT	SUITE #103
City, State, Z	ip Code: <u>Colu</u> n	ABIA, SC 29.	223
Pursual	at to the Commission's	rules and regulations, print a	
<u>r droudi</u>	it to the Commission's	Tules and regulations, print o	r type company contact for the following areas:
A. <u>Ro</u>	BERT BLUMB	ERG	
		ess if different than above.)	
630 Teleph	none Number	888-730-3433 Facsimile Number	E-mail Address
	NA BAVILACO		E mai Address
		ts Representative (Include addres	s if different than above.)
630	-579-0058	1888-398-98371	gina@ telecongroupinc.com
Teleph	one Number	Facsimile Number	E-mail Address
	BERT BLUMB	ERG	
Custo	mer Relations/Complaints	Representative for Escalated Co	omplaints (Include address if different than above.)
Teleph	one Number	/ / / Facsimile Number	E-mail Address
•			L-Itiali Address
	00 - 49 9 - 59 1. mer Contact (Toll Free Nu		
	•	,	
D. <u>Ro</u> Engine	BERT BLUMB ering Operations (Include	e address if different than above.)	
		<u> </u>	
Teleph	one Number	Facsimile Number	E-mail Address

	ddress if different than above.)	
Telephone Number	Facsimile Number	/ E-mail Address
0.00.00		
Emergencies (During non-o	INSWERING SER	VICE
	8 <i> 800-499-958</i>	4
Telephone Number	Facsimile Number	E-mail Address
ion, please provide the follow	ring company contact informat	tion to assist in proper routing of correspondence ar
JOHN GUSTA		
	de address if different than above	9.)
	1800-499-9581	,
Telephone Number	Facsimile Number	Johna @ telecongroupine
JOHN GUSTAIT	ris	2 man / todrood
Dual Party Mailings (Name)	
Mailing Address		
Telephone Number	/ Facsimile Number	<u> </u>
		E-mail Address
JOHN GUSTAI	TIS	
Interim LEC Fund Mailings	(Name)	
A A - Illian A - Illian		
Mailing Address	1	
Telephone Number	Facsimile Number	E-mail Address
JOHN GUSTAI	TIC	
Universal Service Fund Maili	ngs (Name)	
	•	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
		1
Telephone Number	Facsimile Number	E-mail Address
JOHN GUSTAI		
Gross Receipts Mailings (Na	ame)	
Mailing Address	1	
Telephone Number	Facsimile Number	E-mail Address
,	T GOODING TRAINED	L-mail Address
JOHN GUSTA	1715	11 4.5
To HN GUSTA (This form was completed by (p	ITIS rint name)	Signature
Toko Gusta i		Signature Signature
SECRETARY		Signature 1/20/2010
		Signature 1/20/2010 Date
SECRETAR >	/	Signature 1/20/2010 Date
SECRETARY Title RETURN COMPLETED FORM	TO:	
SECRETAR >	TO:	Office of Regulatory Staff
SECRETARY Title RETURN COMPLETED FORM Public Service Com	TO: nmission of SC ment 11649	